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MEDICAL SCHOOL GRADUATES OFFERED
RESERVE COMMISSIONS, INTERNSHIPS

Major General Norman T. Kirk, The Army Surgeon General, announced that there are 83 First Lieutenant reserve commissions available for 1947 Medical School graduates who desire internships in Army hospitals.

Along with the commission goes an annual salary of \$3,404 if the officer has dependents. If he has no dependents, he will receive \$2,972 a year. These figures include a rental allowance of \$60 monthly where government quarters are not furnished.

The commissions represent an unprecedented departure from former Army practice when interns were classified as civilian employees and received about \$1,000 annually while completing their fifth or clinical, year of study. With some 90,000 patients in Army hospitals the world over and prospects of a large peacetime Army, the Army Medical Department is seeking young doctors interested in a career in military medicine.

In the event that a man who receives a reserve commission does not elect to remain in the Army following his internship or does not develop to meet requirements for Army doctors, his training will not be lost. This internship, the conventional rotating type, is recognized by the Council on Medical Education and Hospitals of the American Medical Association and by State Boards of Registration. They require the clinical year of training before granting a license to practice.

In notifying Deans of accredited medical schools of the plan, The Surgeon General asked that they recommend men, not only desirable as interns, but who will ultimately develop as Regular Army medical officers. A professional examination will not be required before the internship is accepted.

Applications may be submitted by students through the Deans of their respective schools. Each applicant who qualifies will be notified. Application blanks may be obtained from the Deans of medical schools.

MORE

MEDICAL SCHOOL GRADUATES OFFERED RESERVE COMMISSIONS, INTERNSHIPS (Cont'd)

Each applicant must be a United States citizen, a prospective 1947 graduate of a recognized school of medicine approved by the Council on Medical Education and Hospitals, must be not over 30 years of age on July 1, 1947, have no commitment to accept an internship appointment in any other institution and meet physical standards for appointment in the Medical Corps, U. S. Army. Physical qualifications are printed in Army Regulation 40-105.

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN PROJECT, CLINTON LABORATORIES, OAK RIDGE, TENNESSEE

Oak Ridge, Tennessee -- New Horizons of Medical and biological research were opened when the Manhattan Engineer District, key organization in the development of the atomic bomb, delivered the first radioactive isotopes to the nation's research institutions.

First peacetime products of the government's huge atomic energy facilities were pea-sized units of Carbon-14, which for the next 10,000 to 25,000 years will emit 37 million beta particles per second, and will be used in research in connection with cancer, diabetes, photosynthesis, carbon deposition in the teeth and bones and in the utilization of fats by the human body.

Barnard Free Skin and Cancer Hospital of St. Louis received the first unit for study of the processes by which cancer is produced. The hospital's application was the first cleared through the necessarily elaborate distribution procedure.

Created in the chair- reacting uranium pile of Clinton Laboratories, the atomic research center here operated for the government by Monsanto Chemical Company, the unit of Carbon 14 obtained by the hospital weighed only about one ten-thousandth of an ounce. Its half-life is estimated at 10,000 to 25,000 years; in other words, starting with the year 11,946 A.D. the unit (if kept intact) should still be giving out beta particles at an average rate of $18\frac{1}{2}$ million particles per second. During the elapsed time 10 billion particles will have been emitted.

Yet despite its small physical size, the unit of Carbon 14 for Barnard Hospital represents from 100 to 1000 times as much of the isotopes as heretofore made available to research in any single cyclotron-produced order. The unit was priced at \$367, the actual estimated cost of production, plus handling and shipping charges, with the total cost to the hospital about \$400.

Dr. E. V. Cowdry and Dr. William L. Simpson, research director and associate research director of the hospital, respectively, received the millicurie of Carbon 14 (one millicurie is that amount of radioactive material which emits 37 million disintegration particles per second.)

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN etc. (Cont'd)

Others to receive similarly-sized units of Carbon 14 are:

Dr. D. Wright Wilson, University of Pennsylvania School of Medicine. He plans to study a comparison of sugar and lactic acid metabolism in normal and diabetic animals. Following the source of sugar containing radioactive atoms, he hopes to be able to unravel some of the problems of diabetes.

Dr. James Franck, 1925 Nobel Prize Winner, professor of physical chemistry at the University of Chicago, and world authority on photosynthesis. He will use Carbon 14 to study the mechanisms by which plants take energy from sunlight and store it as chemical energy. Photosynthesis is responsible for most of the stored energy used by men, such as coal, oil, wood and food.

Dr. W. D. Armstrong, professor of physiological chemistry, University of Minnesota, whose investigations into the role of flourine in the enamel of teeth are widely recognized. He plans to use tagged carbon atoms to trace the deposition of carbon compounds in the dentin (inner pulp) and enamel of teeth and in bone.

Dr. I. L. Chaikoff, professor of physiology, University of California School of Medicine. He will label fats with Carbon 14 and study their utilization by the liver, muscle, blood, etc.

Hundreds of applications for radioactive isotopes, including not only Carbon 14 but also many other of the 50-odd varieties producible at the Clinton Pile, have been received from the nation's leading research laboratories. He indicated that from 30 to 40 orders will be filled within the immediate future, and said several hundred additional orders are likely to be filled within the next few months.

Requests for radioelements thus far received, he said, suggest widely divergent fields of scientific interest. These include the study of:

1. Mechanisms by which cancer is produced.
2. Mechanisms by which plants utilize sunlight and carbon dioxide.
3. Disfunction of the thyroid glands.
4. Growth and composition of teeth and bones.
5. Utilization of sugar in diabetes.
6. Utilization of all essential food components.
7. The turnover of iron in anemic conditions.
8. Absorption by plants of essential elements from soil.
9. Vulcanization and polymerization of rubber.
10. Problems associated with radioactive isotopes themselves.

Dr. Paul C. Aebersold, formerly of the University of California Radiation Laboratory, and now chief of the District's Isotopes Branch, explained that plans of the various laboratories contemplate the use of isotopes in two

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN etc. (Cont'd)

important ways; First, as tracer atoms or "tracers" for following the course of atoms in chemical, biological and technical processes, and secondly, as possible therapeutic agents for treatment of certain special diseases.

The value of radioisotopes, however, is considered to reside more in the study of the causes of disease than in treatment. It was emphasized that radioisotope technology is at present directed mainly at fundamental investigations.

The projected use of Carbon 14 by the Barnard Free Skin and Cancer Hospital, he pointed out, offers not only an effective illustration of the material's research potential, but also of the cooperative procedures which such studies will involve.

The St. Louis institution will endeavor to "tag" component parts of cancer-producing molecules and then, through radiation measuring instruments, seek an answer to this question: "Why does this particular molecule produce cancer?" Three cooperating organizations are to participate in the investigation.

The first step will be to turn the unit of Carbon 14 over to Dr. Martin D. Kamen, co-discoverer with Sam Ruben of Carbon 14 at the University of California in 1941, now associated with the Mallinckrodt Institute of Radiology of the Washington University School of Medicine, St. Louis.

Dr. Kamen will convert the Carbon 14 from its present form in carbonate to carbon dioxide gas, and thence to acetic acid, the principal component of vinegar. The acetic acid is to be shipped to Dr. Paul Rothemund of the C. F. Kettering Foundation for the Study of Chlorophyll and Photogynthesis at Antioch College, Yellow Springs, Ohio, who will use it to prepare a cancer-producing agent (20- methylcholanthrene).

A part of the cancer-producing agent will be retained at Yellow Springs to study the chemistry of cancer producing agents, while the remainder will be used by Dr. Simpson at Barnard Hospital to study the artificial production of skin cancer with mice being used as laboratory subjects. Dr. Simpson may learn, by following the course of the tagged atoms, just how cancer producing parts break off, how and where they enter the animal, and which fractions of the cancer-producing molecule enter certain parts of the animal tissue.

A number of other kinds of radioisotopes also have been requested. Among the applicants are:

Dr. Paul Hahn, Professor of Biochemistry, Vanderbilt University, Nashville, Tennessee. Dr. Hahn has requested 100 millicuries (or one unit) of radioactive gold, which he will make into a colloid (suspension of fine particles)

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN etc. (Cont'd)

that will be injected into the bloodstream of an animal to study the take up of the radioactive gold by blood cells. This is a preliminary step of an investigation into possible uses of radioactive gold in certain blood diseases, such as leukemia. He also intends to use radioactive iron in similar investigations, such as leukemia. He also intends to use radioactive iron in similar investigations.

Dr. John E. Christian, Professor of Pharmaceutical Chemistry, Purdue University School of Pharmacy. He has requested Phosphorus 32, or radio-phosphorus, for use in development of a new technique to test the effect of various medicinal substances on absorption of phosphate from the small intestine. The same radioisotope will be used by Dr. Christian to study phosphorus depletion of teeth.

The American Smelting and Refining Company, Department of Agricultural Research, Salt Lake City. This company seeks a quantity of Sulphur 35 to aid in a fundamental study in the metabolism of plants.

The Montefiore Hospital and the Memorial Hospital, New York City, which seek radioiodine for use in clinical investigations in treatment of certain types of hyperthyroidism and certain types of cancer of the thyroid.

Professor James Cork, Physics Department, University of Michigan. He has requested radioactive antimony, arsenic and caesium, for use in fundamental nuclear physics studies.

The radioisotopes are being made available by the Manhattan Engineer District under a program announced June 14. This announcement followed many months of detailed study by the responsible heads of the Manhattan Project assisted by the scientists of Clinton Laboratories, the University of Chicago, the University of California and the University of Iowa.

It is contemplated that the radioisotopes, which are radioactive forms of common elements with the same chemical properties of the stable element but having a different atomic weight, will be prepared largely at the Clinton Laboratories operated for the Manhattan District by the Monsanto Chemical Company. The bombardment facilities of the Hanford Engineer Works at Pasco, Washington, now operated by the du Pont Company for the Government but which is to be taken over September 1 by General Electric Company, will also be used insofar as the flexibility of that operation allows. Additionally, the Argonne National Laboratory at Chicago, recently announced as the peacetime successor of the Metallurgical Laboratory, and still to be operated by the University of Chicago, cooperating with a group of midwestern universities, is aiding materially in pertinent preparations and research.

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN etc. (Cont'd)

Each atomic element may occur in "sister" forms, called isotopes. An isotope differs from its sisters in the structure of the atomic "heart" or nucleus. The satellite electrons around the nucleus are arrayed the same for each element, hence the "sisters" meet the outside world and behave chemically alike. In addition to the stable sisters of elements which may occur in nature, it is possible by man-made devices, such as a pile or other atomic nucleus bombarding devices, to make isotopes which do not occur in nature and which are radioactive.

Radioactive sisters behave chemically the same as their normal stable sisters. Because of their radioactivity however, they can be followed in the processes in which they participate. Various terms have been used to indicate this property by which radioactive sisters can be followed, such as "tracer", "labeled", or "tagged" elements. By this it is meant they can be tagged much as wild fowl are banded to follow their migration. The tracer application is often also explained by an analogy with the use of tracer bullets. A tracer bullet follows the same path and arrives at the same target as a normal bullet but can be seen by the visible radiation which it emits. In the case of a tracer element or tracer isotope, it is "seen" by instruments, such as Geiger counters or electroscopes, which receive and register the radiations emitted by the radioactive atomic "hearts."

Another imaginative analogy refers to the radioisotopes betraying the presence of their sister stable isotopes by "broadcasting" their position by means of radioactivity. In still a further analogy the labeled isotopes are imagined as carrying small lanterns by which they signal their presence; the "light" (penetrating radiation) coming from the atomic lanterns being detected by very sensitive radiation instruments.

Very small organisms or very small virus particles can be followed by highpowered microscopes or by electron microscopes. The tracer element technique permits an even more minute and detailed investigation of chemical and biological processes. In this case, atoms and molecules themselves may be traced; and furthermore their identity and changes in identity may be followed. This amounts to an "atomic microscope."

It is obvious that the ability to follow the course of atoms and molecules will permit investigations that have heretofore defied attack by other methods. By this means the role of carbon, phosphorus, sodium, sulphur, and other widely occurring elements may be followed in important metabolic and organic processes in plants, animals and human beings. Moreover, almost any element can be traced through the complicated maze of reactions and processes which occur in chemistry, metallurgy and industrial processes in general.

In a few cases the tracer bullet isotopes are not only useful as tracer or "atomic spies" but as active "atomic Artillery;" in which case the radio-

ANNOUNCEMENT OF FIRST SHIPMENT OF RADIOISOTOPES FROM MANHATTAN etc. (Cont'd)

active isotope can be used to irradiate the locations where they deposit. Some influence has been thus achieved in controlling certain forms of leukemia, and polycythemia vera, both very special types of blood disorders. The use of radioactive materials in therapeutic connections is still very much in the investigational stage. Only a limited number of well qualified and experienced institutions undertake such investigations. In no instance has there been any claim for a cure for any blood disfunction by the use of radioisotopes. The greatest benefits from the use of these materials will most likely come, not from therapeutic uses, but by using the tracer technique in investigating the causes of disease and the life process in general.

ARMY TO RECALL 1,000 NURSES, 100 MEDICAL ADMINISTRATIVE OFFICERS

Recall quotas for 1,000 former Army Nurse Corps officers and 100 additional Medical Administrative Corps officers were announced by the War Department.

Major General Norman T. Kirk, The Surgeon General, said the recall of officers to active duty on a voluntary basis was necessary to insure the best possible care to some 90,000 patients remaining in Army hospitals throughout the world.

Other corps in the Medical Department which have been authorized recall quotas are Medical Corps, 100; Dental Corps, 100; Sanitary Corps, 50; Veterinary Corps, 25, and dietitians, 50. The first recall quota of 200 Reserve and National Guard officers authorized for the Medical Administrative Corps last spring has been met.

In general, all officers who return to active duty must qualify for general duty and be available for overseas duty. They will replace personnel eligible for discharge. As former officers, they must have an efficiency rating score of at least 35 to return in company grade and 40 points to return in field grade.

Nurses who came back into service will be given their choice of two categories. They may don their uniforms again to serve until relieved at the convenience of the government or for two years. Medical Administrative Corps officers may sign up for 12, 18, or 24 months or an unlimited length of time.

Former Army nurses have evidenced great interest in returning to active duty. Already, about 1,500 have notified the War Department they are ready to trade civilian life for further military duty. They will not be considered if they are married or have dependents under 14 years of age.

All applicants desiring recall for extended active duty should obtain application blanks from The Adjutant General, Washington 25, D. C., or any Army Recruiting Stations, Camps, Posts, or Stations.

COLONEL STEGER HEADS MEDICAL TRAINING CENTER AT CAMP POLK

Establishment of a Medical Training Center at Camp Polk, La., under the jurisdiction of Brooke Army Medical Center, Fort Sam Houston, Texas, was announced recently by Brig. Gen. John M. Willis, Commandant, Brooke Army Medical Center. Camp Polk is located near Leesville, La., southwest of Shreveport.

Commanding officer of the new Center is Col. Byron L. Steger, MC, Gen. Willis announced.

Col. Steger was commanding officer of the 51st General Hospital in the Pacific from February 1944 to August 1945 and later of the 42nd General Hospital in the Pacific. He has been awarded the Legion of Merit and the Bronze Star Medal, and he wears the Asiatic-Pacific Theater ribbon, the Philippine Liberation ribbon and the Army Commendation ribbon.

Activation of the Center took place on July 1, 1946. Strength of the Center will number approximately 15,000 troops.

The Medical Training Center at Camp Polk will give troops eight weeks of basic military training, Gen. Willis said. Following basic training, some of the trainees will be transferred to Brooke for specialized medical department training.

At the Brooke Medical Training Center, a component of Brooke Army Medical Center, Fort Sam Houston, some of the men will receive eight weeks instruction as medical field soldiers. Others will be selected for technical training at the Brooke Medical Department Enlisted Technicians School. Still others will go to the Brooke Common Specialist Schools to learn to become cooks, bakers, mechanics, clerks and drivers.

Brooke Army Medical Center, the world's largest and only complete military medical installation designed to train army personnel in all phases of medical services, was established Feb. 11, 1946, under the Surgeon General. Here instruction is given to both officers and enlisted personnel in all Medical Department activities.

The Center is at present divided into seven major units: Headquarters, Brooke Army Medical Center; Brooke General Hospital; Army Medical Department Schools; Medical Training Center; Medical Department Enlisted Technicians School; Army Area Laboratory; and Central Dental Laboratory.

Patients in the hospital and its convalescent annex are not only given the finest in medical care but also the best in physical and mental reconditioning and in educational job training.

COLONEL STEGER HEADS MEDICAL TRAINING CENTER AT CAMP POLK (Cont'd)

The Army Medical Department Schools provide basic military training for medical officers as well as specialized training in various branches of army medicine.

The Medical Department Enlisted Technicians School, which has been located at Brooke since the start of World War II, trains enlisted personnel as medical and surgical technicians as well as in technical fields of dentistry, X-ray, pharmacy and laboratory operations. Instruction is also given in the repair and maintenance of hospital equipment.

The Army Area Laboratory provides laboratory service and research facilities for a wide area.

The Central Dental Laboratory services for dental prosthetic purposes installations in this area.

Commandant of Brooke Army Medical Center is Brig. Gen. John M. Willis, native of King George, Va. He was graduated from George Washington University Medical School in 1909 and from Army Medical School, Washington, D. C., in 1911.

Before coming to Brooke, General Willis, was director of the medical service for the 8th Service Command with headquarters at Dallas. He also served overseas as surgeon for army forces in mid-Pacific area; headed the Medical Services for the 9th Service Command with headquarters at Ft. Douglas, Salt Lake City; and was commanding general of Camp Grant, Ill., with his tour of duty there starting May 22, 1941. He has served at posts from coast to coast in the U. S. and his foreign service includes Mexico, Philippines, Puerto Rico, and Hawaii.

POSTWAR MEDICAL DEPARTMENT TO GIVE VITAL RESPONSIBILITIES TO SANITARY CORPS

Vital responsibilities in the postwar Medical Department will rest squarely on the shoulders of Sanitary Corps officers in the postwar planning of Major General Norman T. Kirk, The Surgeon General.

The brilliant record set by some 5,000 Sanitary Corps officers during the war in maintaining the healthiest Army in the world has assured them definite professional status in the Medical Department. In the first integration announced last month, Sanitary Corps officers were offered Regular Army commissions in the Pharmacy Corps.

Several Sanitary Corps officers were among the 503 officers recently commissioned. Additional outstanding veteran officers of World War II medical service and others will be appointed in the future peacetime Army. At present there are approximately 1,600 Sanitary Corps officers on active duty status.

POSTWAR MEDICAL DEPARTMENT TO GIVE VITAL RESPONSIBILITIES TO SANITARY CORPS (Cont'd)

The health record of the Army during the war would not have been attained without the benefit of the sanitary engineer in water supply and waste disposal activities and of sanitary engineers and entomologists in the control of malaria and other insect and rodent-borne diseases. Biochemists, bacteriologists, parasitologists and serologists serving in laboratories throughout the active military areas likewise gave invaluable assistance in the detection, prevention and cure of disease. Officers who specialized in nutrition aided materially in the development of the Army rations and in the maintenance of balanced diets. Many other professional men other than Medical, Dental and Veterinary Corps officers were used in solving the diversified health problems found throughout the world.

During the recent integration program the Medical Department set a high standard of professional attainment in selecting the best qualified officers for the Regular Army to serve as sanitary engineers, entomologists, bacteriologists, biochemists, parasitologists, serologists, nutritionists and industrial hygienists. Under the provisions of War Department Circular 392, 1945, as authorized by Public Law No 281, these officers were brought into the Pharmacy Corps of the Regular Army as an interim measure. Since there is no Regular Army component of the Sanitary Corps, the Pharmacy Corps is the only existing Regular Army unit in the Medical Department outside the Medical Corps, Dental Corps and Veterinary Corps in which this type of professional specialist could be appointed.

The Sanitary Corps, Medical Administrative Corps and Pharmacy Corps will be grouped together in a Medical Service Corps if legislation is approved. In doing this, The Surgeon General wishes to emphasize that the professional identity of the individual will not be lost. It is his expressed intention that the technical or administrative skill of each individual officer will be utilized to the fullest advantage. Sanitary engineers and entomologists, the various laboratory specialists, nutritionists and industrial hygienists, all of whom were included formerly in a Sanitary Corps, will be assigned duties and responsibilities commensurate with their professional specialization. General Kirk opposes a large number of small corps in one Department. He explains that each small group will be strengthened by its inclusion in a large composite unit, the chief of which will be charged with the responsibility for the proper professional utilization of each group. This parallel situation exists within the Medical Corps which itself includes specialists in medicine, surgery, preventive medicine and psychiatry.

Recently legislation has been proposed to further increase the number of officers in the Regular Army. This will naturally include a further demand for the aforementioned specialists in the Medical Department.

POSTWAR MEDICAL DEPT. TO GIVE VITAL RESPONSIBILITIES TO SANITARY CORPS (Cont'd)

The Medical Department proposes to increase the technical skill of its officers through graduate training. Sanitary engineers, entomologists, nutritionists, industrial hygienists and laboratory specialists will be given the same opportunities as those open to medical, dental and veterinary officers. These professional officers within the Medical Service Corps will receive the prescribed training established by the Army. In addition, those officers who show promise of contributing increased value to the Army through specialized training will be given the opportunity of attending civilian installations at the Army's expense.

The Army's need for specialists in these various medical sciences is well known and firmly established. The Surgeon General in his proposed plans related to the Army reorganization has answered this need in a way that safeguards the integrity of the professional man and is anxious that specialists of this type will come forward to offer their services.

SEVEN GENERAL HOSPITALS WILL OFFER SPECIALTY TRAINING IN NEUROPSYCHIATRY

(Ed. Note: Complete details regarding the program will appear in the September issue of THE BULLETIN of the U. S. ARMY MEDICAL DEPARTMENT).

1. It is the intention of The Surgeon General to establish specialty training in neuropsychiatry at general hospitals designated as neuropsychiatric centers. Every facility will be exploited by Walter Reed, Letterman, Brooke and Fitzsimons General Hospitals to establish the full three years of required formal training necessary for Board certification in Psychiatry, and one, two or even three years as may be possible at Oliver General, Madigan and Beaumont General Hospitals. In addition, Walter Reed General Hospital will provide specialty training leading to Board Certification in Neurology.

2. The organization of professional staff division will be in accordance with TM 8-262. The director of each service should be a competent specialist who is at least eligible for certification by the corresponding specialty board and he should assume direct responsibility for the training of residents (see Essentials of Approved Residencies and Fellowships, AMA, p. 2),

3. The educational committee is responsible for the over-all organization and supervision of the program. The committee, with the commanding officer as chairman, will be composed of qualified members of the professional staff, including authorized civilian consultants (AR 350-1010). Each specialty in which training is offered will be represented on the Education Committee.

4. The formal training program in neuropsychiatry will consist of an optimum of three years as mentioned in 1 above. Prerequisite will consist of at least one year of rotating internship.

SEVEN GENERAL HOSPITALS WILL OFFER SPECIALTY TRAINING IN NP (Cont'd)

5. It must be emphasized that all residencies in psychiatric and neurologic hospitals are educational in character and that only those physicians who serve primarily on an educational basis come within the residency classification of the Council (Essentials of Approved Residencies and Fellowships). It is the desire of The Surgeon General that all physicians assigned to a Service be considered as in residency training until certified as a specialist. Accordingly, Administrative assignments to duty will be made so that residents may have ample time for the study and treatment of neurologic and psychiatric disorders.

FIVE NAMED HONORARY CONSULTANTS TO ARMY MEDICAL LIBRARY

Army Medical Library, Washington, D. C., now has 89 honorary consultants with the addition of five more outstanding men. The Army Medical Library News for August announced their appointments as follows:

Brigadier General James Stevens Simmons, Chief, Preventive Medicine Service, The Surgeon General's Office, retired on 1 July 1946 after thirty years of active service in the Army Medical Corps, to become Dean and Professor of Public Health of the Harvard University School of Public Health, Boston. General Simmons has received extensive recognition for his work, having been awarded a number of honorary degrees, the United States of America Typhus Commission Medal, the Carlos J. Finlay National Order of Merit by the President of Cuba, the Walter Reed Medal, and the Distinguished Service Medal.

Captain R. Harold Draeger of the Naval Medical Research Institute at Bethesda, Maryland, was in charge of the experiments to determine the reactions of certain animals to the Atomic Bomb at Bikini. The animals--goats, pigs, rats--were chosen because their cell reactions were akin to those of humans. Many were dosed in advance with hormones, vaccines, bacteriophages, and viruses. The animals will be under observation for many months after the explosion and it is felt that the experiment will have far-reaching consequences for medical science.

Dr. Edward H. Cushing, Associate Clinical Professor of Medicine at Western Reserve University, Cleveland, Ohio, has been appointed Chief of Education in the Veterans' Administration's Department of Medicine and Surgery. A veteran of both World Wars, Dr. Cushing will supervise training of full-time employes in veterans' hospitals and will work with deans' committees in appointing and supervising residency programs at the institutions.

Dr. Luther Evans, Librarian of Congress, who among his many other activities finds time to serve as Honorary Consultant to the Army Medical Library, recently returned from a trip to Peru. He attended at Lima, 4 July, at the request of the Department of State, ceremonies on the occasion of

FIVE NAMED HONORARY CONSULTANTS TO ARMY MEDICAL LIBRARY (Cont'd)

the presentation of the United States contribution of books to the National Library of Peru. Dr. Evans spoke at Lima on "Library Cooperation in America." His itinerary included Cali, Bogota, and Medellin in Columbia, and the Central American Republics of Panama, Costa Rica, and Guatemala. During his trip he made many official calls upon librarians, ministers of education, and publishers.

Mr. Ralph Shaw, Librarian of the Department of Agriculture, attended a conference in London, 29-30 July, as a member of the board of experts to advise the United States Delegate of the Preparatory Commission of the United Nations' Educational, Scientific, and Cultural Organization in the establishment of a world bibliographical center.

CAREERS FOR MEDICAL OFFICERS IN PHYSICAL MEDICINE

(Ed. Note: The following article is printed with permission of THE BULLETIN of the U. S. Army Medical Department. It will appear in that publication's September issue.)

The opportunity to specialize in physical medicine offers to medical officers prospects for a very gratifying career. The purely medical aspects of physical therapy, occupational therapy, and physical reconditioning are being stabilized as a physical medicine service. The non-medical aspects of reconditioning will be administered under a proposed convalescent services division. In general hospitals the physical medicine service will be a major service on a level with the medical service and the surgical service.

Physical medicine is now a recognized specialty. Information has been received from authoritative sources that an American Board of Physical Medicine is to be established in the near future. In order to qualify medical officers in this field, there is being established a professional training course of six-months duration in a large metropolitan medical center. After completing this course, individuals will be assigned to physical medicine services in general hospitals for applicatory, on-the-job training, leading to completion of the requirements for board certification.

If the size of the standing Army is placed at 850,000 as recommended by General Eisenhower, there will be a need for about 59 medical officers who are qualified as specialists in physical medicine. At the present time, only a very small number of medical officers are so qualified. In order to build up a group of competent well-qualified medical officers for professional assignments in physical medicine, the Army offers an unusual opportunity to enter a career in this specialty.

CAREERS FOR MEDICAL OFFICERS IN PHYSICAL MEDICINE (Continued)

The Surgeon General has personally pointed out that officers who have recently begun specialty training, or who have not chosen their medical specialty, should carefully consider the broad field of physical medicine as a professional career with a bright future. For medical officers of the Regular Army who have been on extended assignments of an administrative nature, but who now desire to obtain training in a promising specialty, physical medicine warrants major consideration. For other medical officers (Army of the United States, Officers' Reserve Corps, and National Guard) who anticipate remaining on active duty for an indefinite period, the same holds true. For further details interested medical officers should communicate directly with the Director, Physical Medicine Consultants Division, Office of The Surgeon General, War Department, Washington 25, D. C.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL HARRY A. BISHOP, MC, of Bethesda, Md., formerly of Welch Convalescent Hospital, Daytona Beach, Fla., assigned to Office of Plans & Operations, Hospital Division.

COLONEL WESLEY C. COX, MC, of San Antonio, Texas, formerly of Headquarters, Caribbean Defense Command, assigned to Office of Personnel, Overhead.

LIEUTENANT COLONEL ARTHUR P. LONG, MC, of Silver Spring, Md., formerly of MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Preventive Medicine Division, Infectious Disease Control Branch.

LIEUTENANT COLONEL JAMES P. PAPPAS, MC, of Waltham, Mass., formerly of Headquarters, 3d Military Government Regiment, Office of Military Government for Bavaria, assigned to Office of Personnel, Overhead.

MAJOR JAMES H. MACKIN, PC, of Forest Park, Ill., formerly of Headquarters, 5th Army, Chicago, Ill., assigned to Office of Personnel, Military Personnel Division, Procurement, Separation & Reserve Branch.

MAJOR LEWIS A. SMITH, MC, of St. Joseph, Mich., formerly of inactive status, assigned to Office of Personnel, Overhead.

CAPTAIN DENVER I. ALLEN, SnC, of Columbia, Miss., formerly of Medical Nutrition Laboratory, Chicago, Ill., assigned to Preventive Medicine Division, Civil Public Health & Nutrition Branch, Nutrition Section.

CAPTAIN STEPHEN J. BEAUDRY, MAC, of Bethlehem, Pa., formerly of 7th Army, 171st Evacuation Hospital, Fort Bragg, N. C., assigned to Office of Plans & Operations, Education & Training Division

CAPTAIN HARRIET S. LEE, PT, of Denver, Colo., formerly of Fitzsimons General Hospital, Denver, Colo., assigned to Physical Medicine Consultants Division, Physical Therapy Branch.

1ST LIEUTENANT JOE P. TRIMMER, MAC, of Milwaukee, Wisc., formerly of 4th Army, Camp Hood, Texas, assigned to Office of Plans & Operations, Education & Training Division.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL ROLLO P. BOURBON, MC, of Washington, D. C., formerly of Office of Personnel, Overhead, assigned to 6th Army, Fort Ord, California.

COLONEL DURWARD G. HALL, MC, of Washington, D. C., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort Riley, Kansas.

COLONEL THOMAS N. PAGE, MC, of Washington, D. C., formerly of Preventive Medicine Division, Civil Public Health & Nutrition Branch, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL WALTER L. PETERSON, MC, of Fairmont, Minn., formerly of Office of Personnel, Overhead, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL MYRON P. RUDOLPH, MC, of Washington, D. C., formerly of Office of Personnel, Overhead, assigned to Headquarters, 7th Army, Atlanta, Ga.

COLONEL STUART G. SMITH, MC, of Richmond Heights, Mo. formerly of Office of Personnel, Overhead, assigned to Army & Navy Procurement Office, New York, N. Y.

LIEUTENANT COLONEL EUGENE S. BEUCHAT, MC, of Denver, Colo., formerly of Physical Standards Division, Disposition & Retirements Branch, assigned to Fitzsimons General Hospital, Denver, Colorado.

LIEUTENANT COLONEL RICHARD P. MASON, MC, of Arlington, Va., formerly of Preventive Medicine Division, Infectious Disease Control Branch, Epidemiology Section, Assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL CHARLES H. MOSELEY, MC, of Silver Spring, Md., formerly of Preventive Medicine Division, Office of Director, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR ALONZO W. CLARK, MAC, of New York, N.Y., formerly of Office of Plans & Operations, Hospital Division, Construction Branch, assigned to Separation Center, Fort Dix, New Jersey.

MAJOR JAMES H. CUNNINGHAM, DC, of Bar Harbor, Maine, formerly of Dental Division, Dental Standards Branch, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR MAXWELL GAGE, MC, of Ventnor City, N.J., formerly of Neuro-psychiatry Consultants Division, assigned to Mason General Hospital, Brentwood, L.I., New York.

MAJOR ROBERT A. KENNEDY, MC, of Hollywood, Calif., formerly of Office of Personnel, Overhead, assigned to Letterman General Hospital, Presidio of San Francisco, Calif.

MAJOR GRANVILLE W. LARIMORE, MC, of Arlington, Va., formerly of Preventive Medicine Division, Environmental Sanitation Branch, Health Education Section, assigned to Separation Center, Fort Sheridan, Illinois.

MAJOR THOMAS E. SHAFFER, MC, of Silver Spring, Md., formerly of Preventive Medicine Division, Office of Director, assigned to Separation Center, Fort Dix, N. J.

MAJOR EDWARD P. SHANNON, JR., MC, of Santa Cruz, Calif., formerly of Office of Personnel, Overhead, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN AUDREY A. BILL, MC, of Wayland, Mass., formerly of Preventive Medicine Division, Medical Intelligence Branch, assigned to Separation Center, Fort Dix, New Jersey.

CAPTAIN PHILLIP J. BUCKLER, PC, of Portland, Oregon, formerly of Office of Plans & Operations, Hospital Division, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN FRANCIS O. CHAPELLE, PC, of Washington, D. C., formerly of Office of Plans & Operations, Education & Training Division, Training Doctrine Branch, Assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN HARRY L. GRAHAM, MAC, of Brownsville, Pa., formerly of Office of Plans & Operations, Education & Training Division, School Branch, assigned to Army & Navy General Hospital, Hot Springs National Park, Arkansas.

CAPTAIN WILLIAM M. HAMILTON, PC, of San Antonio, Texas, formerly of Office of Supply, Distribution Division, Domestic Branch, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN NICHOLAS A. IMBELLI, MAC, of Washington, D. C., formerly of Office of Plans & Operations, Hospital Division, Prisoner of War Liaison Unit, assigned to Cushing General Hospital, Framingham, Massachusetts.

CAPTAIN RUSSELL O. PENNEPACKER, MAC, of Brooklyn, N. Y., formerly of Office Service Division, Mail & Records Branch, assigned to Separation Center, Fort Dix, New Jersey.

CAPTAIN ROBERT E. WILSON, AGD, of Cleveland, Ohio, formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to AGO, Washington, D. C.

1ST LIEUTENANT FRANK C. MARSHALL, MAC, of Ridgewood Queens, N. Y., formerly of Office of Personnel, Military Personnel Division, Classification & Records Branch, assigned to Separation Center, Fort Dix, New Jersey.

1ST LIEUTENANT JULIUS J. OZOG, MAC, of Franklin, New Hampshire, formerly of Medical Statistics Division, Statistical Analysis Section, assigned to Separation Center, Fort Dix, New Jersey.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

1st Lieutenant to Captain

ARCHIE E. GROFF, MC, of Houston, Texas, of Physical Standards Division, Induction & Appointment Branch.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

COLONEL CHARLES S. MUDGETT, MC, of Fredonia, N. Y., transferred from Office of Personnel, Overhead to Physical Standards Division, Disposition & Retirements Branch.

MAJOR JOHN F. DOYLE, MAC, of Bridgeport, Conn., transferred from Physical Standards Division, Office of the Director to Executive Office, Overhead.

MAJOR FRANK K. LAWFOR, MAC, of Charlottesville, Va., designated as Executive Officer, Hospital Division, Office of Plans & Operations.

COLONEL TOM F. WHAYNE, MG, of Clinton, Ky., designated as Acting Chief, Civil Public Health & Nutrition Branch, Preventive Medicine Division.

LIEUTENANT COLONEL JAMES T. MCGIBONY, MG, of Silver Spring, Md., designated as Deputy Chief, Hospital Division, Office of Plans & Operations.